



**INTAKE FORM – please type or print**

**RECIPIENT FAMILY NAME:**

\_\_\_\_\_

**RECIPIENT NAME:** \_\_\_\_\_ **RECIPIENT DATE OF BIRTH** \_\_\_\_\_

**RECIPIENT DIAGNOSIS** \_\_\_\_\_

**RECIPIENT FAMILY MAILING ADDRESS:**  
: \_\_\_\_\_

Apt \_\_\_\_\_, Town \_\_\_\_\_ Zip code \_\_\_\_\_

**PRIMARY LANGUAGE USED BY FAMILY** \_\_\_\_\_

**MOTHER / GUARDIAN 1 NAME:** \_\_\_\_\_ **CELL** \_\_\_\_\_

**FATHER / GUARDIAN 2 NAME:** \_\_\_\_\_ **CELL** \_\_\_\_\_

Primary contact name \_\_\_\_\_ cell \_\_\_\_\_ other phone \_\_\_\_\_

**BEST EMAIL:** \_\_\_\_\_

**NAMES & AGES OF CHILDREN: Must be 18 or under and living in same household**

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

**MEDICAL PROVIDER / SOCIAL WORKER NAME**  
\_\_\_\_\_

**HOSPITAL** \_\_\_\_\_  
**SCHOOL** \_\_\_\_\_

**PROVIDER/ SOCIAL WORKER CELL** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_

**Please note if you are not referred to us by a known health care provider, we will need verification of the family medical illness**

WHO REFERRED YOU?



**PHOTOGRAPHY/STORY RELEASE**

I, \_\_\_\_\_ do hereby consent and agree that Angels of Light, Inc., has the right to use the story, photographs, videotape or digital recordings of me and my children to use in any and all print and electronic media now and hereafter for purposes including, but not limited to, social media, public relations, website, advertising materials, instructional materials, collateral and/or promotional efforts.

I understand that there is and will be no financial or other compensation due or otherwise owed me for the use of these materials in the aforementioned organization's promotion, advertising, and informational efforts.

I represent that I am at least 18 years of age and have read and understand the foregoing statement and execute this agreement freely. I represent that I am the parent or legal guardian of

\_\_\_\_\_ and hereby give my permission for the use of any photographs as outlined

above.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

